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| **FOR OFFICAL USE ONLY****PROGRAM CODE** **APPLICATION NUMBER**  |

 **APPLICATION FORM**

**DAPP AGRIBUSINESS INCUBATION PROGRAM**

Instructions: *Fill in the required information in* **BLOCK LETTERS** *or Tick where applicable*

Applicants must complete this application form in its entirety to be considered for acceptance as a Participant in the **DAPP** **AGRIBUSINESS INCUBATION PROGRAM.** All applicants will be interviewed by the **DAPP MVS Recruitment Committee** and be given an opportunity to discuss their business further. Acceptance and participation is afforded at the sole and absolute discretion of **DAPP Recruitment Committee.**

**ELIGIBILITY**

* Citizens of Malawi.
* Evidence of passion for agribusiness
* Out of school youth aged between 18 and 35.
* Be able to read and write.
* Should have a traceable business location including physical location.
* Businesses must be independently controlled.
* Should have been in one of the business stages:
1. Business idea stage.
2. Business start-up.
3. Post revenue stage

**REQUIREMENTS**

Incubates will be required to participate in all programs designed to increase their chances for success. This includes attending classes, events and training workshops as well as education and mentorship visits.

**ADMISSION CRITERIA**

The mission of **DAPP AGRIBUSINESS INCUBATION PROGRAM** isto assist young agripreneurs who demonstrate the greatest chance for success, growth and adding jobs to the community.

The young agribusiness entrepreneur should be able to meet the following criteria to gain acceptance into the program:

1. Should represent a small startup business.
2. Be able to articulate the business model and entrepreneurial opportunity.
3. Be willing to attend agriprenuer sessions anywhere as need might be.
4. The young a agribusiness entrepreneur s’ business concept is unique.
5. The young agribusiness entrepreneur will agree to produce a business plan.
6. The essential resources needed to start the business are available or can be acquired.
7. The young agribusiness entrepreneur is willing to adhere to policies and procedures of the program and facility including the code of conduct.

**Please fill out the following application if you are interested in the participating in the Agribusiness Entrepreneurship program.**

1. **APPLICANT’S PERSONAL INFORMATION**

SURNAME FIRST NAME

SEX: MALE FAMALE DATE OF BIRTH

NATIONALITY HOME DISTRICT

TRADITIONAL AUTHORITY VILLAGE

CONTACT ADDRESS

PHONE NUMBER OTHER NUMBER

EMAIL

PLACE WHERE YOU ARE DOING/WILL DO YOUR BUSINESS

1. **EDUCATION LEVELS (MSCE, JCE, PRIMARY EDUCATION)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Highest education attained** | **Status**  | **Name of previous school attended**  | **Year attended** | **Tick where applicable** |
| Primary school  | Able to read and write logically  |  |  |  |
| Primary school  | Unable to read and write |  |  |  |
| Junior secondary  | Without JCE |  |  |  |
| Junior secondary  | With JCE |  |  |  |
| Senior secondary  | Without MSCE |  |  |  |
| Secondary level with MSCE | With MSCE |  |  |  |
| Certificate level  |  |  |  |  |
| Diploma level  |  |  |  |  |

1. **BUSINESS INFORMATION**
2. Do you have a running business or a startup business?

Yes……………………… No………………………………….

1. If yes (above) when did it start? And where is it located

***Start date Location Name of business***

***--------------------------- -------------------------- ---------------------------------------***

1. **Briefly provide information about your business/business idea.**

**--------------------------------------------------------------------------------------------------------------------------**

**---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. What problem does your product/service currently solve or will solve?

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. Who are your target Customers?

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. Who is your competitor?

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. How will /are you sale/selling your product?

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. What is your total investment to date?

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. Current annual revenue and estimated in a year.

Current -------------------------------------Next Year ----------------------------------------------------------

1. Do you have any employees? If yes, how many (Male----, Female…)
2. **PERSONAL YOUR MOTIVATION FOR THE AGRIPRENEURSHIP PROGRAM**

**Maximum 250 words covering the following:**

1. Why do you want to join the DAPP Agri-preneurship Incubation Program?
2. Why do you think your business will be successful
3. 3.  Any other information you think will be beneficial or noteworthy about you/your company.

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**E. ENTREPRENEURSHIP READINESS**

**i. What skills do you have to run a business**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**ii. What skills do you need to build**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

1. **CHECKLIST** (check carefully to ensure you have done the following):
2. Attached a copy of your National Identification card (as proof that you are Malawian and between 18 to 35 years old)
3. Attached a copy of your certificate or its equivalent (i.e. notification of results) **ONLY** if you have it.
4. Filled all sections where applicable

Notes:

1. Failure to provide all relevant and necessary information or documents may risk the disqualification of the entire application
2. For applicants with special needs, state your disability in the following space provided

I declare that the information I have given is true and that I have checked and provided all the relevant necessary information and documents required to process my application.

**SIGNATURE**  **DATE** **PLACE**

Completed applications should delivered by hand or post or email to The Incubation Manager, DAPP Mikolongwe Vocational School, P.O Box 2732, Blantyre: chilenjem72@gmail.com.

**Closing date for receiving applications is 31st December 2019.**